

CLAIMANT'S NAME Joan M. Borucki		SSN or EMPLOYEE NUMBER*		DEPARTMENT California State Lottery	
POSITION Director		CB/ID No.		DIVISION or BUREAU Executive	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 600 North 10th Street		INDEX NUMBER 1100	
CITY Sacramento		STATE CA		ZIP CODE 95811	
CITY Sacramento		STATE CA		ZIP CODE 95811	

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
12/20	0700-2130	Sacramento - Burbank - Sacramento				18.00				9.00	58.00	31.90		58.90
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	18.00	0.00	0.00		9.00	58.00	31.90	0.00	58.90
(13) COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$58.90
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
In-studio interview with California Life	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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POSITION Director		CB/ID No.		DIVISION or BUREAU Executive	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 600 North 10th Street		INDEX NUMBER 1100	
CITY		STATE		ZIP CODE	
		Sacramento		CA 95811	

(1) NORMAL WORK HOURS

0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR 12/09		(5) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
12/02	1100	Sacramento - San Diego	165.61		10.00	18.00			rc	32.00	10.50	5.78		231.39
12/03	2100	San Diego - Sacramento		6.00	10.00	18.00	6.00		rc	18.00	29.00	15.95		73.95
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			165.61	6.00	20.00	36.00	6.00	0.00		50.00	39.50	21.73	0.00	305.34
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL**\$305.34**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

California School Boards Association Conference & Meeting at Viejas Casino
 **valet parking was used as self parking was full

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE

DATE

(15) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE